PTO/SB/05 (01-04) Approved for use through 07/31/2006. OMB 0651-0032

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	ANL 268	
First Inventor	Michael M. Thackeray et a	ото 1
Title	LITHIUM METAL OXIDE ELEC	903
Express Mail Label No.	EJ 552519262 US	U 825

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450						
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. Applicant claims small entity status. See 37 CFR 1.27.  3. Specification [Total Pages 27] (preferred arrangement set forth below)  - Descriptive title of the invention  - Cross Reference to Related Applications  - Statement Regarding Fed sponsored R & D  - Reference to sequence listing, a table, or a computer program listing appendix  - Background of the Invention  - Brief Summary of the Invention  - Brief Description of the Drawings (if filed)  - Detailed Description	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies						
- Claim(s) - Abstract of the Disclosure	ACCOMPANYING APPLICATION PARTS						
Prior application information: Examiner	37 CFR 1.76:  lation-in-part (CIP) of prior application No.:						
19. CORRESPON	DENCE ADDRESS						
Customer Number:	OR Correspondence address below						
Name Harry M. Levy, Attorney							
Address Emrich and Dithmar  125 South Wacker Drive, Suite 2080							
City Chicago	State IL Zip Code 60606						
	elephone 312-663-9800 Fax 312-663-9822						
Name (Print/Type) Harry M. Leth	Registration No. (Attorney/Agent)   24248						
Signature	Date 4/13 04						

This collection of information is required by 37 CFR 1.33(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentiality is powerned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## FEE TRANSMITTAI for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Name (Print/Type)

Signature

(\$)	577	.00
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Complete if Known							
Application Number							
Filing Date							
First Named Inventor	Michael M. Thackeray et; al.						
Examiner Name							
Art Unit							
Attorney Docket No.	ANL 268						

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None 3.	3. ADDITIONAL FEES						
✓ Deposit Account:	Large Entity   Small Entity						
Denosit Fee			Fee (\$)	Fee Description	ee Paid		
Account Number 05-1060 105	````'	2051		Surcharge - late filing fee or oath	CC I AIG		
Deposit Account Emrich and Dithmar	2 50	2052	25	Surcharge - late provisional filing fee or cover sheet			
Name 105	3 130	1053		Non-English specification			
The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments  181:	2 2,520	1812 2	2,520	For filing a request for ex parte reexamination			
Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)	4 920*	1804		Requesting publication of SIR prior to			
Change (a. (a.) in the stand below assessed from the filling for		4005		Examiner action	<del>- · · · · ·  </del>		
to the above-identified deposit account.	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
FEE CALCULATION 125	110	2251	55	Extension for reply within first month			
1. BASIC FILING FEE	2 420	2252	210	Extension for reply within second month			
Large Entity Small Entity 125	3 950	2253	475	Extension for reply within third month			
Fee Fee Fee Fee Fee Description Fee Paid 125	4 1,480	2254	740	Extension for reply within fourth month			
1001 770 2001 385   Hility filing foo 125	5 2,010	2255	1,005	Extension for reply within fifth month			
1002 340 2002 170 Design filing fee 385.00	1 330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee 140	2 330	2402	165	Filing a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee 140	3 290	2403	145	Request for oral hearing			
	1 1,510	1451	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 385.00	2 110	2452	55	Petition to revive - unavoidable			
145	3 1,330	2453	665	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 150	1 1,330	2501	665	Utility issue fee (or reissue)			
Extra Claims below Fee Paid 150	2 480	2502	240	Design issue fee			
Total Claims 27 -20** = 7 X 9 = 63.	3 640	2503	320	Plant issue fee			
Independent 6 - 3** = 3 X 43 = 129 146	0 130	1460	130	Petitions to the Commissioner			
Multiple Dependent = 180	7 50	1807	50	Processing fee under 37 CFR 1.17(q)			
Large Entity   Small Entity   180	6 180	1806	180	Submission of Information Disclosure Stmt			
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	1 40	8021	40	Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20	9 770	2809	385	Filing a submission after final rejection			
1201 86   2201 43 Independent claims in excess of 3   1203 290   2203 145 Multiple dependent claim, if not paid 181	0 770	2810	385	(37 CFR 1.129(a))  For each additional invention to be			
1204 86 2204 43 ** Reissue independent claims	,.	2010		examined (37 CFR 1.129(b))			
over original patent 180	01 770	2801	385	Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	02 900	1802	900	Request for expedited examination of a design application			
	er fee (spe	ecify)					
SUBTOTAL (2) ((\$) 192.00	educed by		Filing F	ee Paid SUBTOTAL (3) (\$)			
**or number previously paid, if greater; For Reissues, see above							
SUBMITTED BY	Registrat	tion No	Т.	(Complete (if applicable))			

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24,248

Telephone 312-663-9800

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PATENT APPLICATION FEE DETERMINATION RECOI							D			Docke	t Number		
								P	NL 268				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							S	SMALL ENTITY OR SMALL ENT					
FOR NUMBER FILED NUMBER EXTRA						$  \  $	RATE	FEE		RATE	FEE		
	BASIC FEE (37 CFR 1.16(a))									\$385	OR		\$
	AL CLAIMS CFR 1.16(c))		27	minus	s 20 =	* 7		x	(\$ <u>9</u> =	= \$63	OR	x \$=	\$0
	EPENDENT CLA CFR 1.16(b))	IMS	6	minu	us 3 =	* 3		x	42	\$129	OR	x =	\$0
-	ILTIPLE DEPENI	DENT CL	AIM PRE	SENT (37	CFR 1.16(	d))		Ĭ Ī₊	=	\$(	1	+=	\$0
* If the	e difference in colum	ın 1 is less t	then zero, en	nter "0" in colum	ın 2			' _	TOTAL		1	TOTAL	\$0
		(Colum		IS AS AME		) - PART II lumn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER T	
ENT A		CLA REMAI AFTI AMEND	INING ER		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	*		Minus	** 20		= 0	-   x	\$=	\$0		x \$=	\$0
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		(Colum	nn 1)		(Cc	olumn 2)	(Column 3)	ADD	TOTAL DIT. FEE		OR	TOTAL DDIT. FEE	\$0
AMENDMENT B		CLA REMAI AFT AMEND	INING ER	7	NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	$\left  \left[   ight $	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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·		(Colum	nn I)		(Cc	olumn 2)	(Column 3)	AD	TOTA DIT. FEI	L SC	OR	TOTAL ADDIT. FEE	\$0
AMENDMENT C		CLA REMA AFT AMENI	INING ER	Sec. 4	NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(c))	*		Minus	** 20		= 0	x	\$=	= \$0	OR OR	x \$=	\$0
AME	Independent (37 CFR 1.16(b))	*		Minus	***		= 0	]  x		= \$0		x=	\$0
,	FIRST PRES	ENTATIO	ON OF MU	ULTIPLE DEP	ENDE	NT CLAIM	(37 CFR 1.16(d))	] [+	· :	= \$0	OR	+=	\$0
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".													